



## Complete Summary

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### TITLE

Children and adolescents' access to primary care practitioners: percentage of members 12 months to 19 years of age who had a visit with a primary care practitioner.

### SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. various p.

### Measure Domain

#### PRIMARY MEASURE DOMAIN

Access

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

#### SECONDARY MEASURE DOMAIN

Does not apply to this measure

### Brief Abstract

#### DESCRIPTION

This measure is used to assess the percentage of members 12 months through 24 months, 25 months through 6 years, 7 years through 11 years and 12 years through 19 years of age who had a visit with a primary care practitioner. The organization reports four separate percentages for each product line:

- Children 12 months through 24 months and 25 months through 6 years who had a visit with a primary care practitioner during the measurement year
- Children 7 years through 11 years and adolescents 12 years through 19 years who had a visit with a primary care practitioner during the measurement year or the year prior to the measurement year

#### RATIONALE

While the access to primary care has been shown to correlate with reduced hospital use while preserving quality (Bindham 1995, Bodenheimer 2005), this measure does not explicitly measure a member's access to primary care. However, studies show that inappropriate care and overuse of new technologies can be reduced through shared decision-making between well-informed physicians and patients. Physicians have a central role to play in fostering these quality-enhancing strategies that can help to slow the growth of health care expenditures (Bodenheimer 2005).

Continued rising health care costs in the U.S. affect all levels of the health care delivery system. Encouraging and making available access to primary care services is one potential strategy to lower hospital utilization while maintaining the quality of care delivered. Studies show that access to primary care is correlated with reduced hospital use while preserving quality (Bodenheimer 2005, Bindham 1995).

## **PRIMARY CLINICAL COMPONENT**

Primary care; access

## **DENOMINATOR DESCRIPTION**

Members who are 12 months through 24 months, 25 months through 6 years, 7 years through 11 years and 12 years through 19 years of age as of December 31 of the measurement year (see the "Description of Case Finding" field in the Complete Summary)

## **NUMERATOR DESCRIPTION**

*For 12 through 24 months, 25 months through 6 years:* One or more visits with a primary care physician during the measurement year.

*For 7 through 11 years, 12 through 19 years:* One or more visits with a primary care physician during the measurement year or the year prior to the measurement year.

See the related "Numerator Inclusions/Exclusions" field in the Complete Summary.

## **Evidence Supporting the Measure**

### **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

## Evidence Supporting Need for the Measure

### NEED FOR THE MEASURE

Use of this measure to improve performance  
Variation in quality for the performance measured

### EVIDENCE SUPPORTING NEED FOR THE MEASURE

Sampsel SL. Personal communication. 2008 May 20. 3 p.

## State of Use of the Measure

### STATE OF USE

Current routine use

### CURRENT USE

Accreditation  
Decision-making by businesses about health-plan purchasing  
Decision-making by consumers about health plan/provider choice  
Decision-making by health plans about provider contracting  
External oversight/Medicaid  
External oversight/State government program  
Internal quality improvement

## Application of Measure in its Current Use

### CARE SETTING

Ambulatory Care  
Community Health Care  
Managed Care Plans  
Physician Group Practices/Clinics

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses  
Physician Assistants  
Physicians

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

### TARGET POPULATION AGE

Age 12 months through 19 years

**TARGET POPULATION GENDER**

Either male or female

**STRATIFICATION BY VULNERABLE POPULATIONS**

Unspecified

**Characteristics of the Primary Clinical Component****INCIDENCE/PREVALENCE**

Unspecified

**ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

**BURDEN OF ILLNESS**

Unspecified

**UTILIZATION**

Unspecified

**COSTS**

Unspecified

**Institute of Medicine National Healthcare Quality Report Categories****IOM CARE NEED**

Staying Healthy

**IOM DOMAIN**

Effectiveness

**Data Collection for the Measure****CASE FINDING**

Both users and nonusers of care

**DESCRIPTION OF CASE FINDING**

Members who are 12 months through 24 months, 25 months through 6 years, 7 years through 11 years and 12 years through 19 years of age as of December 31 of the measurement year who were continuously enrolled during the measurement year (and the year prior to the measurement year for members age 7 years through 11 years and 12 years through 19 years) with no more than one gap in enrollment of up to 45 days (commercial) or with not more than a one-month gap in coverage (Medicaid)

#### **DENOMINATOR SAMPLING FRAME**

Enrollees or beneficiaries

#### **DENOMINATOR INCLUSIONS/EXCLUSIONS**

##### **Inclusions**

Members who are 12 months through 24 months, 25 months through 6 years, 7 years through 11 years and 12 years through 19 years of age as of December 31 of the measurement year (see the "Description of Case Finding" field)

##### **Exclusions**

Unspecified

#### **RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

#### **DENOMINATOR (INDEX) EVENT**

Patient Characteristic

#### **DENOMINATOR TIME WINDOW**

Time window precedes index event

#### **NUMERATOR INCLUSIONS/EXCLUSIONS**

##### **Inclusions**

*For 12 through 24 months, 25 months through 6 years:* One or more visits with a primary care physician during the measurement year.

*For 7 through 11 years, 12 through 19 years:* One or more visits with a primary care physician during the measurement year or the year prior to the measurement year.

**Note:** The organization should count all members who had an ambulatory or preventive care visit to *any* primary care physician, as defined by the organization, with an occurrence of one of the CPT or ICD-9 codes listed in Table CAP-A in the original measure documentation.

##### **Exclusions**

Exclude specialist visits.

## **MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

### **NUMERATOR TIME WINDOW**

Fixed time period

### **DATA SOURCE**

Administrative data

### **LEVEL OF DETERMINATION OF QUALITY**

Individual Case

### **PRE-EXISTING INSTRUMENT USED**

Unspecified

## **Computation of the Measure**

### **SCORING**

Rate

### **INTERPRETATION OF SCORE**

Better quality is associated with a higher score

### **ALLOWANCE FOR PATIENT FACTORS**

Analysis by subgroup (stratification on patient factors, geographic factors, etc.)

### **DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS**

This measure requires that separate rates be reported for Medicaid and commercial product lines for each of the four age groups:

- 12 months through 24 months
- 25 months through 6 years
- 7 years through 11 years
- 12 years through 19 years

### **STANDARD OF COMPARISON**

External comparison at a point in time  
External comparison of time trends  
Internal time comparison

## Evaluation of Measure Properties

### EXTENT OF MEASURE TESTING

Unspecified

## Identifying Information

### ORIGINAL TITLE

Children and adolescents' access to primary care practitioners (CAP).

### MEASURE COLLECTION

[HEDIS® 2009: Healthcare Effectiveness Data and Information Set](#)

### MEASURE SET NAME

[Access/Availability of Care](#)

### DEVELOPER

National Committee for Quality Assurance

### FUNDING SOURCE(S)

Unspecified

### COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

### FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

**ADAPTATION**

Measure was not adapted from another source.

**RELEASE DATE**

1998 Jan

**REVISION DATE**

2008 Jul

**MEASURE STATUS**

This is the current release of the measure.

This measure updates a previous version: National Committee for Quality Assurance (NCQA). HEDIS 2008. Healthcare effectiveness data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2007 Jul. various p.

**SOURCE(S)**

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. various p.

**MEASURE AVAILABILITY**

The individual measure, "Children and Adolescents' Access to Primary Care Practitioners (CAP)," is published in "HEDIS® 2009. Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: [www.ncqa.org](http://www.ncqa.org).

**NQMC STATUS**

This NQMC summary was completed by ECRI on August 7, 2003. The information was verified by the measure developer on October 24, 2003. This NQMC summary was updated by ECRI on June 16, 2006. The updated information was not verified by the measure developer. This NQMC summary was updated by ECRI Institute on May 15, 2008. The information was verified by the measure developer on June 17, 2008. This NQMC summary was updated again by ECRI Institute on March 27, 2009. The information was verified by the measure developer on May 29, 2009.

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